

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Boa</i>	<i>70385</i>	
O.I.P.E. CLASSIFIER		<i>21</i>	<i>3/2</i>
FORMALITY REVIEW	<i>M.M.</i>	<i>7162P</i>	<i>21-19-120</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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